

BR

RECEIVEDUNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISIONAPR 29 2008 *sent*
Apr 29, 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURTDawayne Tolliver

Magistrate Judge Nolan

Judge Manning

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

AMENDED

vs.

#

Case No. 08C0198

6054 (To be supplied by the Clerk of this Court)

Jerry Pentimone Badge

In their Individual

Police Officer DobekPolice Officer John Doe'sfrom Grand Central Station Police Capacities denying me
Medical Treatment 9-23-07
Grand Central Police StationLiability of Supervisory Officers, Other Officers presentat the scene, Individual Officer with immediate contact
(Enter above the full name of ALL
defendants in this action. Do not with the plaintiff on 9-23-07 which
use "et al.")CHECK ONE ONLY: Attention Officer's John Doe's, Lieutenant orCaptain to check the Surveillance Camera on 9-23-08
COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants) Also No Medical Treatment &
at intake with County Jail DivisionCOMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE 28 SECTION 1331 U.S. Code (federal defendants) Div. 11OTHER (cite statute, if known)**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

A. Name: Dawayne Tolliver

B. List all aliases: _____

C. Prisoner identification number: 20070072569

D. Place of present confinement: Cook County jail

E. Address: P.O. Box 089002, Chicago, Ill. 60608

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: Jerry Pentimone #6054
Title: Police Officer
Place of Employment: Grand Central Police Station 3340 W. Fullerton

B. Defendant: Pobek
Title: Police Officer
Place of Employment: Grand Central Police Station

C. Defendant: Other Officers present at the scene
Title: Other Officer John Doe's
Place of Employment: Chicago Police Department
To be subpoena
Name
Badge No

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

Individual Officer with immediate contact with the Plaintiff
Individual Officer
2

Revised 9/2007

Chicago, Police Department
Liability of Supervisory Officers Other Officers present at the Scene
Police Officers John Doe's

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

A. Name of case and docket number: Dawayne Tolliver Vs. Cook County, Administrator
Dawayne Tolliver Vs. Cook County jail Sheriff

B. Approximate date of filing lawsuit: 1-9-06, 10-3-06, 11-27-07, 11-29-07, 12-3-07
9-23-93, 1-9-08

C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A
Dawayne Tolliver

D. List all defendants: Cook County Sheriff, Cook County Administrator
Cook County Sheriff, City of Chicago, Chicago Police Department
Jerry Pernfincne, Officer Jen King, Jerry Innes, Superintendent
John Stroger Jr Hospital, Proventant Hospital, Berling Edamplam
Edwin A. Brummette, Richard A. Divine, Assistant John Doe's

E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): Northern District of Illinois Eastern District

F. Name of judge to whom case was assigned: Judge Gettleman

G. Basic claim made: No Medical treatment

H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): yes the case still pending

I. Approximate date of disposition: I haven't had on yet

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

Officer Jenkins

Approximate date of filing lawsuit. Sept. between Oct. 1993 / 1-5-08, 10-27-06, 11-27-07
11-29-07/12-3-07/1-9-08 / Three Times 1-9-08

List all plaintiffs [if you had 10+ plaintiffs], including and aliases N/A
List all defendants; Cook County Sheriff, Cook County Administrator, Chicago Police Officer
Jenkins, City of Chicago, J. Penitentiary, James Navy, SOS, John Doe's Police Officers, John Strogen
Jr. Hospital, Prodent Hospital, Kevin ArBrueche, Richard Ar. Divencen, Assistant John Doe's
The Superintendent et al Cook County Dept. Corn Snooks, Other Police Officer's John Doe's

Court in which the lawsuit was filed in federal court, name the district, if
state court name the county; Northern District of Illinois Eastern District
Name of Judge to whom case was assigned; Judge Aspen, John W. Dorrah,
Getteman,

Basic Claim Made; Police Brutality or Misconduct, No Medical Treatment

Q's position of this case for example. Was the case dismissed? Was it appeal?
Is it still pending? Yes the case is ^{not} still pending; it was dismissed

Approximate date of disposition? No, It haven't happen yet still
waiting

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I was denied Medical Treatment from Grand Central Police Station 9-23-07 Deliberately, indifference, for Liability of Supervisory Officers, Other Officers present at the Scene, Individual Officer with immediate contact with the plaintiff On 9-23-07 when Dwayne Toliver was denied Medical Attention, and was ignore Medical Treatment. Although the Supervisors weren't actually present at the scene they are liable for acquiescing their unlawful activities of abuse of power by failure to act has amounted to rough, reckless search of the un decent act to my body privacy in search for drugs, dug some sort of stick in my ass cheek, which I have been trying to get Medical Attention for Medical Treatment and to no avail, I was ignore, disregard at grand & central Police Department, which I was there all day yelling for assistance and not once ~~who~~ any would anyone assist me, and than came a white-shirt I yell and call for him but to no avail he just ignore me after he came and straight out the surveillance camera a Lieutenant, Captain John Doe, he left exit the door. I have been trying to get Medical Treatment for my butt and it took months. Because when I arrived at the Cook County jail intake 9-24-07 I was told by an Dr. Assistant John Doe that seem me, tell it to the judge in DR. 5 - 9-24-07 And now I was sent to DR. 11 and I put in.

Medical forms, request slips, and finally I had to write up some grievances on the subject because I still wasn't getting any assistance for my Medical problem my butt being sort and in pain so I got some more grievances and kept on writing them up. And finally I was seen but it took months from 9-24-07 To 1-15-08 to be seen by an Doctor in Div 11 and he gave me some ^{thing} for me to take to have bowel movement. But I couldn't receive any from grand Central Police Department Officer 9-23-07 John Doe's by the Police Officers that was at the scene is liable they never try to prevent it from happening or to assist me with Medical Attention for Treatment I couldn't get for some reason from grand Central Police Department Police Officer on duty there me crying out for assistance and couldn't get any help. All because of Jerry Penitmore ^{#6054} violated my privacy of my body an act that was so offensive and undecent, in search of drugs, the Officer tugged on the waist band of my pants to have clear view of my genitals and then my rear area - using a piece of trash, [this being a stick of some sort] from the ground to dig in my ass cheek in search of heroin, "in public" Without any Medical Treatment for my butt being mess up and still I have to live that moment over, over again in my sleep which aukies me every night, Without getting any Medical Attention for Medical Treatment since this incident happen to me, this will offensive to any human being being deprivation for Medical Treatment for my injury from grand Central Police Department John Doe ^{Revised 9/2007} Police Officer Jerry Penitmore 6054 and other John Doe's Police Officer liable.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

They need to change their policy for someone that is
detain at their Police Station for pain and suffering
for not giving me Medical Treatment

for inflicting cruel and unusual punishment Ten million Dollars
on me pain and hurt physical pain and Mental anguish and Suffering

To be Compensation

VI. The plaintiff demands that the case be tried by a jury. YES NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this _____ day of _____, 20_____

Dawayne Toliver

(Signature of plaintiff or plaintiffs)

Dawayne Toliver

(Print name)

20070072569

(I.D. Number)

P.O. Box 089002

Chicago, Ill. 60608

(Address)

Dawayne Tolliver 20070072569

P.O. Box 089002

Div. 11 DG

Chicago, Ill. 60608

Magistrate Judge Nolan

Judge Manning

Case No# 08 C 0798

I Dawayne Tolliver in respect to the court, I'm sending grievances forms, from the Cook County jail showing since that incident happen for me to receive Medical Treatment 9-24-07 when I arrived at the Cook County jail do to the encounter with Police Officer. On 9-23-07 no medical attention or treatment I receive and now, it took the Cook County jail 4 Months to receive any kind of concern by me writing up an grievance to receive any assistance about my butt being hard real hard bowel movement is none that's one of the problems I'm having concerning this issue or the pain I have been having and crying because of what the Officer did to me now they give me some kind of pills to have bowel movement, but nothing for the pain. Also I was i

Part-A / Control #: X

Referred To: _____

 Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Toliver First Name: DawayneID #: 2007-0072567 Div.: 11 Living Unit: DG Date: 1/15/08

BRIEF SUMMARY OF THE COMPLAINT: This issue is concerning the Doctor Carlos Altez 1-15-08 Tuesday Morning I was on sick-call line, and I complain about my ass being sore due to my unfortunately encountered with Police Officer sticking something in my butt. And I wouldn't let Doctor Carlos Altez put his finger's inside of my butt, and he wouldn't put it on file, and now I have to write him up for not doing his job as a Doctor and putting down what happen to my ass, or my butt on 9-23-07 when I complaint about it since that I didn't get medical attention

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

The Federal Court now knows about it also

ACTION THAT YOU ARE REQUESTING:

To have my right to medical treatment for my butt being poke with something inside my butt for treatmentDETAINEE SIGNATURE: Dawayne Toliver

C.R.W.'S SIGNATURE: _____

DATE C.R.W. RECEIVED: 1/15/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

*EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Tolliver First Name: Dawayne ID#: 2007-0072569Is This Grievance An Emergency? YES NO C.R.W.'S Summary Of The Complaint: Detainee alleges unprofessional conduct by M.D. regarding documentationC.R.W. Referred Griev. To: Cormak Date Referred: 1/17/08Response Statement: Referred to Medical ServicesDate: 1/18/08 Div./Dept. 0155

(print - name of individual responding to this griev.) (signature of individual responding to this griev.)

Date: 1/18/08 Div./Dept. 0155

(print - name of Supt. / Designee / Dept. Admin.) (signature of Supt. / Designee / Dept. Admin.)

Date: 1/18/08 Div./Dept. 0155

(print - name of Prog. Serv. Admin./ Asst. Admin.) (signature of Prog. Serv. Admin./ Asst. Admin.)

Date: 1/18/08 Div./Dept. 0155Date Detainee Received Response: 1/25/08 Detainee Signature: Dawayne Tolliver

REQUEST FOR AN APPEAL

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 1/25/08Detainee's Basis For An Appeal: This have been to long to receive medical attention since 9-24-07 since I have been complaining about this medical problem since I been hereAppeal Board's Acceptance Of Detainee's Request: YES NO

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Practic Admin. Mr. Tolliver refused to be examined

Appeal Board's Signatures / Dates:

DRB 1/1/082-8-08Date Detainee Rec.'d the Appl. Bd.'s Response: 1/11/08 Detainee Signature: Dawayne TolliverGRIEVANCE CODE(S): () () () ()

Part-A / Control #: 2008X0095

Referred To: Corrections Processed as a request.

COOK COUNTY DEPARTMENT OF CORRECTIONS DETAINEE GRIEVANCE

Detainee Last Name: Tolliver First Name: DawayneID #: 2007-0072569 Div.: 11 Living Unit: DG Date: 1/24/08

BRIEF SUMMARY OF THE COMPLAINT: I haven't receive any Medical Treatment for my butt being hurt due to my encounter with the Chicago Police Officer the day of my arrest 9-23-07 when I start complaining about it 9-24-07 when I arrived at the Cook County jail and it took all this time me putting Medical forms, requests slips, and now grievances concerning the abuse I took from the Police Officer on that day. I am having problems using bowel movements and my ass is sore due to the pain I am feeling from the undecency expectation of privacy violated by Police Officer. I still looking for Medical Treatment

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

I have inform the Medical Staff here in Div. 11 1-15-08

ACTION THAT YOU ARE REQUESTING:

To receive medical TreatmentDETAINEE SIGNATURE: Dawayne TolliverC.R.W.'S SIGNATURE: S. A. 11/15DATE C.R.W. RECEIVED: 1/25/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form.
All appeals must be made in writing and directly submitted to the Superintendent.

Part-A / Control #: XReferred To: Program Services
 Processed as a request.COOK COUNTY DEPARTMENT OF CORRECTIONS
DETAINEE GRIEVANCEDetainee Last Name: TolliverFirst Name: DawayneID #: 2007-0072569 Div.: 11 Living Unit: C.C. Date: 2/13/08

BRIEF SUMMARY OF THE COMPLAINT: I received my appeal and it is a lie I Dawayne Tolliver never refuse any Medical examine it was Doctor Yu Being Unprofessional toward me. They are trying to make it look like I refuse and I never did that's a lie. I never sign anything refusing Medical Treatment that's why I wrote a grievance on that issue on Doctor Yu the professional medical Treatment and I never heard anything on that grievance I wrote on D.G. and Social Worker Martinez has it and I still waiting on a reply

NAME OF STAFF OR DETAINEE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

I work at 3rd floor office concerning this issue Social Worker

ACTION THAT YOU ARE REQUESTING:

I have them stop lying on me I need to receive treatment and to get a Doctor that can help assist the medical staff with theirDETAINEE SIGNATURE: Dawayne TolliverMedical needs that's why I appeal I stop coveringC.R.W. SIGNATURE: See Work Doc DATE C.R.W. RECEIVED: 2/15/08

Please note: Decisions of the "Detainee Disciplinary Hearing Board" cannot be grieved or appealed through the use of a grievance form. All appeals must be made in writing and directly submitted to the Superintendent.

C.C.D.O.C. DETAINEE GRIEVANCE FORM PROCESSED AS A REQUEST

Please Note :

- If the detainee is not satisfied with the response and/or attempt at resolving this issue, the detainee may resubmit the concern and it will be processed as a grievance.
- When processed as a request, an appeal of the response and/or action taken cannot be made.
- When processed as a request, PART-B is not applicable.

Detainee's Last Name: Toliver First Name: DawayneID#: 2007-0072569 Div: 11 Tier/LivingUnit: CCDate of Request: 2/13/08 Date C.R.W. Received Request: 2/15/08This request has been processed by: Soc Worker/DOOR C.R.W.Summary of Request: DetaineeWants to see a doctor and said
he didn't refuse treatment

Response and/or Action Taken:

Per Cernak. Detainee Refused treatment
all levels of response have been
exhausted, see attached Appeal.Soc Worker/DOOR
(Print- name of individual responding)Soc Worker/DOOR
(Signature of individual responding)Date: 2/20/08 Div./Dept. 11

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: Tolliver First Name: Dawayne ID# 2007-0272569Is This Grievance An Emergency? YES NO C.R.W.'S Summary Of The Complaint: Detainee alleges lack of medical attentionC.R.W. Referred Griev. To: Complaint Date Referred: 3/13/08

Response Statement:

Referred to Medical Services

C. Smith C. Smith Date: 3/13/08 Div./Dept. CCS
 (print - name of individual responding to this griev.) (signature of individual responding to this griev.)

Capt. T. EUGENIET Capt. T. Eugeniet Date: 3/13/08 Div./Dept. CCCO
 (print - name of Supt. / Designee / Dept. Admin.) (signature of Supt. / Designee / Dept. Admin.)

W. Warkay W. Warkay Date: 3/14/08
 (print - name of Prog. Serv. Admin. / Asst. Admin.) (signature of Prog. Serv. Admin. / Asst. Admin.)

Date Detainee Received Response: 3/18/08 Detainee Signature: Tolliver

REQUEST FOR AN APPEAL

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 3/18/08

Detainee's Basis For An Appeal:

Appeal Board's Acceptance Of Detainee's Request: YES NO

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Appeal Board's Signatures / Dates:

Date Detainee Rec'd the Appl. Bd.'s Response: 3/18/08 Detainee Signature: _____

GRIEVANCE CODE(S): () () () ()